

**OAKLAND PUBLIC LIBRARY
MEETING ROOM APPLICATION FORM**

Date of Application:	Date Received:	Staff Initials:
ORGANIZATION		
Name of Applicant:		
Organization:		
Address:		
Phone:	Phone	
Fax:	Email	
<input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit Purpose of Organization:		
PROGRAM		
Description of Program:		
Name of speaker:		
Do you plan to distribute literature? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe or enclose a sample.		
Expected Attendance: _____		
SCHEDULING INFORMATION		
Day of the week and time requested (Include set up & clean up):		
Dates requested: (Please provide each <i>calendar</i> date. Attach a list if additional space is required.)		
REQUIREMENTS & APPROVALS		
Deposit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____	Date Received:	
Fee Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____	Date Received:	
Proof of Insurance	Date Received:	
Insurance Carrier		
Policy Number		
Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Organization Notified of Board Decision	Date:	Staff Initials:

By signing below I acknowledge that I have read, understand, and will abide by the Oakland Public Library Meeting Room Rules & Regulations as well as the Oakland Public Library Behavior Policy.
 Applicant's Signature: _____ Date: _____